

APPLICATION FORM
"OUR RADIO"

1	Name of the Radio station	
2	Address	
3	Type of station	commercial <input type="checkbox"/> community <input type="checkbox"/> campus <input type="checkbox"/>
4	Member of GIBA since	
5	Main Program line up What are your major programs about? → Please hand in a program schedule	
6	Which of the following technical equipment do you use Please tick box	
6.1	Studio	Yes <input type="checkbox"/> no <input type="checkbox"/>
6.2	Editing software	Yes <input type="checkbox"/> no <input type="checkbox"/> if yes, please specify:
6.3	Microphone	Yes <input type="checkbox"/> no <input type="checkbox"/>
6.4	Recorder	Yes <input type="checkbox"/> no <input type="checkbox"/>
6.5	Internet connection	Yes <input type="checkbox"/> no <input type="checkbox"/>
7	Staff of the station	
7.1	How many permanent staff do you have?	
7.2	How many journalists with 2-3 years of experience are working for your station?	
7.3	Educational Degree of the editor	
8	Kindly describe your motivation for taking part in this program	